

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BRIGHT HEARTS Home Care LLC

DBA

BRIGHT HEARTS NON MEDICAL TRANS

(Please type or print)

Submitted by: CYNTHIA COATES

Address: 8042 C MONTAGUE AVE

Ft GREENWOOD SC 29645

Telephone:

861-223-8020

Fax:

861-450-9086

Other:

Email: BRIGHTHEARTHOME CARE @GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 194 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

ACCEPTED FOR PROCESSING - 2020 August 11 11:46 AM - SCPSC - 2020-194-T - Page 1 of 16

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: July 29-2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. <sup>(DBP)</sup> Bright Hearts <sup>Non</sup> ~~Medical~~ Transportation  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2042 C Montague Ave Ext Greenwood SC  
Street Address of Applicant 29649

Mailing Address of Applicant (if different from street address)

864-223-8020 864-450-9086  
Phone Fax

BRIGHTHEARTNOMECARE@GMAIL.COM  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

1 member llc

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

#### Assets:

Value of Real Estate	NA
Value of Motor Vehicles	
Cash on Hand	5,000
Cash in Bank	3,000
Value of Other Assets and Equipment	7,000
Total Assets	15,000

#### Liabilities:

Mortgage/Loan on Real Estate	NA
Loans Owed on Motor Vehicles	
Business/Other Loans Owed	
Other Liabilities or Debts	
Total Liabilities	

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

## Proposed Rates and Charges:

~~25~~ per mile

~~75 per mile~~

~~25 per mile~~

new wheel chair  
\$ 75 + \$2 per mile After  
11 miles

wheel chair

\$ 100 under 12 miles  
\$3.00 per mile After

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |   |   |  |  |   |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee             | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                 | <input type="checkbox"/> Saluda                 |
| <input type="checkbox"/> Aiken                | <input type="checkbox"/> Chester              | <input type="checkbox"/> Georgetown            | <input type="checkbox"/> Lexington           | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale            | <input type="checkbox"/> Chesterfield         | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion              | <input type="checkbox"/> Sumter                 |
| <input checked="" type="checkbox"/> Anderson  | <input type="checkbox"/> Clarendon            | <input checked="" type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro            | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Bamberg              | <input type="checkbox"/> Colleton             | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick           | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell             | <input type="checkbox"/> Darlington           | <input type="checkbox"/> Horry                 | <input checked="" type="checkbox"/> Newberry | <input type="checkbox"/> York                   |
| <input type="checkbox"/> Beaufort             | <input type="checkbox"/> Dillon               | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee              |   |
| <input type="checkbox"/> Berkeley             | <input type="checkbox"/> Dorchester           | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg          | <input type="checkbox"/> Statewide              |
| <input type="checkbox"/> Calhoun              | <input checked="" type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens             |   |
| <input type="checkbox"/> Charleston           | <input type="checkbox"/> Fairfield            | <input checked="" type="checkbox"/> Laurens    | <input type="checkbox"/> Richland            |   |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

NOT PURCHASED YET

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

CYNTHIA CARTER  
Name of Applicant  
2042 C Montague Ave Greenwood SC 29649  
Address of Applicant

## Amount of Premium:

Liability Insurance \$ 9,802.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

## Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

NATIONAL indemnity Company  
Name of Insurance Company  
Risk placement Services, Inc. 2115 Lexington Rd, 57-520  
Home Office Address of Company  
Charlotte NC 28211  
# 704-366-9982

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

## NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Name \_\_\_\_\_

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Cynthia Canty

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Greenwood )

SWORN TO BEFORE ME

This 29th day of July, 2020

Beverly L. Arnold  
Notary Public

Commission Expires November 21, 2026

**My Commission Expires November 21, 2026**

Print Application

# Account Summary For Bright Hearts Homecare LLC (copy) handicapped

Quote #: 10873463

Status: Copy

Policy Type: AP

Originally Quoted: 8/03/2020 8:10 AM EDT  
 Quote Printed: 8/04/2020 9:24 AM EDT  
 Proposed Effective: 8/03/2020 12:00 AM EDT  
 Proposed Expiration: 8/03/2021 12:00 AM EDT

Quoted By: John Altizer  
 Risk Placement Services, Inc.  
 2115 Rexford Rd, Ste 520  
 Charlotte, NC 28211  
 Phone - (704) 366-7982  
 Fax - (704) 365-5817  
 john\_altizer@rpsins.com

DOT #: Unknown  
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	8,336
7	UM - BIPD	1,000,000 CSL	697
7	UIM - BIPD	1,000,000 CSL	697
7	Medical Payments	1,000	72
7	Physical Damage	See Specific Unit	N/A
Total			\$9,802.00

Revision: 71SC2020R01

## Vehicle Information

NICO-Rate Version: 8.6.37952.1003

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2005 DODGE Radius: Up to 50 Miles	8,336	697	697	72	N/A	N/A	N/A	9,802

 National  
Indemnity  
Company  
— Since 1940 —

South Carolina Secretary of State Mark Hammond

**Business Entities Online**

File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

**Customer Receipt****Request Certified Documents**

Submit a document request at  
<https://web.sc.gov/SOSDocumentRetrieval/>

**Transaction Information****Transaction ID: 159389**

**Entity Name:** Bright Hearts Home Care  
 LLC

**Receipt Date:** 4/13/2018 9:51:39 AM**Payment Type :** Check

**Name :** Bright Hearts Home Care  
 LLC

**Check Number :** 114339073

Note: Your bank statement may reflect that the charge was made by SC.gov.

**Charges****Pricing Summary**

Item	Price
ARTICLES OF ORGANIZATION	\$110.00
<b>Total Cost</b>	<b>\$110.00</b>
<b>Total Amount Paid</b>	<b>\$110.00</b>

**Filing Information****Contact Information****Name:** Bright Hearts Home Care LLC

**Address:** 107 Westwood Rd  
 Abbeville, South Carolina 29620

**Documents Filed**

Filing ID	Filing Type
180413-0951394 :	<u>ARTICLES OF ORGANIZATION</u>

<https://businessfilings.sc.gov/BusinessFiling/Inhouse/Cashiering/Receipt>

4/13/2018

For filing questions please contact us at 803-734-2158

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**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Bright Hearts Home Care LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

107 West Wood Rd  
(Street Address)  
Abbeville SC 29620  
(City, State, Zip Code)

3. The initial agent for service of process is

Cynthia Coates  
(Name)  
Cynthia Coates  
(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

107 West Wood Rd  
(Street Address)  
Abbeville South Carolina 29620  
(City) (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Cynthia Coates  
(Name)  
107 West Wood Rd  
(Street Address)  
Abbeville SC 29620  
(City, State, Zip Code)

Bright Hearts  
Home Care LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

Form Revised by South Carolina Secretary of State, August 2016  
F0006

Bright Hearts  
Home Care  
LLC

Name of Limited Liability Company

9. Any other provision not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signature of Organizer

Date:

Signature of Organizer

Date:

#### Filing Checklist

- Two completed copies of this form must be submitted for filing.
- \$110.00 made payable to the South Carolina Secretary of State
- Self-addressed, stamped return envelope
- Make sure the organizer has signed the form. Only one organizer is required, but you may have more than one. If you have more than one organizer, every organizer listed on the form must sign. The organizer is the individual who completes the documents and delivers them for filing to the Secretary of State. The organizer may be an owner of the entity, but he or she does not have to be. The organizer may simply be an individual who assists in the formation of the LLC without having any involvement with subsequent ownership or operational functions.
- Return all documents to: South Carolina Secretary of State's Office  
Attn: Corporate Filings  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201

#### SPECIAL NOTE

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information contact the Trademarks Division of the Secretary of State's Office.

# BRIGHT HEARTS HOME CARE LLC Cover Sheet

2042 C Montague ave Ext  
Greenwood SC 29649  
Phone #864-223-8020  
Fax 864-450-9086

RECEIVED  
AUG 14 2020  
PSC SC  
CLERK'S OFFICE

To: Public Service  
Commission

Fax: 803-896-5199

From: Cynthia Gates

Fax: 864-450-9086

Pages: 16  
(Including the fax cover)

Additional Comments:

## Privileged and Confidential

*This facsimile message is privileged and confidential. It is intended solely for use of the individual named above. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution, or copying of the communication is prohibited. If you have received this facsimile message in error, please immediately notify the sender by telephone and return the original message to the sender by US mail.*